

# PERSONAL PREFERENCE CARD.

Name ..... Rank ..... Age .....  
 Department ..... In .....  
 Which I am on duty ..... Type of work .....  
 Length of service .....  
 What is the latest date to which you feel you could defer discharge ....., 1919  
 Have you any dependents? ..... If so, fill in space below, showing nature of such.

Name.	Relationship.	Amount contrib- uted monthly before entering service.	Amount you feel you must con- tribute.	How much can you contribute now?
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Are both your parents living? ..... Which are not? ..... How many brothers? .....  
 Ages of brothers ..... Have you a wife? ..... How many children? .....  
 How much independent income has your wife? ..... Is wife working? .....  
 Have you a position in sight? ..... At what salary per month? \$..... With whom? .....  
 ..... How long will it be held open? .....

State below your reasons for requesting discharge at date stated above.

Names of people who will be able to verify above statements as to necessity for discharge:

Name.	Address.	Occupation.
.....	.....	.....
.....	.....	.....
.....	.....	.....

Subscribed to and sworn before me this.....  
 day of ....., 1919.  
 Summary court .....

I certify that the foregoing statements are true.  
 Name .....

## STATUS OF CASE.

(Applicant will not write in this space.)

Recommendation of detachment com-  
 mander:

Approved. Disapproved.

Date recommended for discharge:

....., 1919.

Recommendation hospital board:

Approved. Disapproved.

Date recommended for discharge:

....., 1919.

Recommendation of commanding officer:

Approved. Disapproved.

Date recommended for discharge:

....., 1919.

Recommendation board of officers (par.  
 139, A. R., 1913):

Approved. Disapproved.

Date recommended for discharge:

....., 1919.

Action of commanding general, Camp  
 Grant.

Approved. Disapproved.

Date of discharge....., 1919.

Remarks:

# DEATH RECORDS.

The following five sample forms were devised for use in keeping the death records.

Form No. 233 BHCG.]

U. S. ARMY BASE HOSPITAL, CAMP GRANT, ILL.

Case number .....

(Death check sheet, deaths in hospital only.)

.....191..  
(Date of death.)

1. ....  
(Name.) (Rank.) (Organization.)

2. .... in line of duty (no, yes) death was or  
(Diagnosis)  
was not due to the soldier's own misconduct.

3. Seriously ill telegram sent? Yes? No?

Copy attached? Yes? No?

4. Death telegram sent? Yes? No?

Copy attached? Yes? No?

5. Were remains claimed? Yes? No?

If "Yes," by whom .....  
(Name.)

.....  
(Address.)

If not, what disposition made .....

6. Was report sent to commanding officer? Yes? No?

(Par. 162½ as amended.)

7. Was report sent to camp quartermaster? Yes? No?

8. Death certificate to undertaker? Yes? No?

(Copy attached? Yes? No?)

9. Was an autopsy held? Yes? No?

(Copy attached? Yes? No?)

10. Collection of effects ..... from—

Adjutant.

Ward.

Clothing room.

Discharge office.

By whom received for .....

11. Report of inspection of remains by medical officer attached?

12. Report of undertaker attached?

13. Report of chaplain or religious services attached?

14. Was death due to natural causes? Yes? No?

If not, is report of board of officers attached? Yes? No?

15. Case closed ..... 191..

16. No. of inclosures .....

Sgn .....  
(Name.)